Issued to Ses A Wadsmath
Name of deceased Gerthal My Crust
Age (7 years months days
Place of death Phrantolle B'
Date of death Jany 28-36
Cause of death aut Browships
Interment at Danhbungh
Date permit issued July 1-36
Certified by M.D.

No.	

This Coupon to be returned immediately, properly endorsed,

City or Town of Ser Truck Mass.

Name of deceased Ser Truck Mass.

#### **ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough
(Name of cemeters or crematory)
on February 2 - 1934
Certified by adelbert E. Collins
(Signature of Superintendent, cemetery pe crematory)

No. 20

# **BURIAL (OR REMOVAL) PERMIT**

Issued to G & Collin
Name of deceased Retur Russi
Age 66 years months days
Place of death South boro mass
Date of death Juby 9-36
Cause of death Carcinon of Stones
Interment at Jufficzugy
Date permit issued Fbi 11-36
Certified by Clyd & Merill M.D.

No.		

# BURIAL (OR REMOVAL) PERMIT This Coupon to be returned immediately, properly endorsed,

City or Town of Sath Const.

Name of deceased Pta Russ.

Name of deceased Pta Russ.

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough Ma (Name of cemetery or crematory)

on February 12 - 1934

Certified by Allbert E. Collins

(Signature of Superintendent, cemetery or cremators)

Issued to Jacobs a	
Name of deceased Makin & Wal	
Age 87 years 6 months	days
Place of death Southlight  Date of death Frby 24-36	
Date of death From 24-36	
Cause of death Control Nom arthy	
Interment at Inthough	
Date permit issued 76 26 36	
Certified by Clyse of Merril	_M.D.

Issued to Ja Cooks an
Name of deceased Charlath Vary
Age 77 years 4 months days
Place of death South burnsh  Date of death March 16-1436
Date of death March 16-1436
Cause of death My vead to Church
Interment at Part Dans Gut, Can
Date permit issued Mar. 17-36
Certified by Roland Multi- M.D.

	1	
No	4	

# BURIAL (OR REMOVAL) PERMIT This Coupon to be returned immediately, properly endorsed.

to Jour Blash

(Office issuing permit)

City or Town of San Thburayy Mass.

Name of deceased Blashoth Vary

If a U. S. War Veteran, specify what war, organization, etc.

#### **ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Port Dover Cemetery Port Dover, Ont (Name of cemetery or crematory)

on Mar. 18 / 36

Certified by Bolompson (Signature of Superintendent, cemetery or crematory)

	4
No	0

Issued to adelbert Collins  Name of deceased Edward Elbourth Chase
Age 70 years months 20 days
Place of death Cearl St. Southboro. Mass.
Date of death Mearch 20.1936
Cause of death Hemour hoge (Cerebral apople
Interment at Rural Couretary Southboo
Date permit issued March 21, 1936
Certified by Robaced S. newton M.D.

Certified by

	1	
No	6	

# BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Walter 7	m. Orffutt and Ellsworth Chase
	months 20 days
Place of death South	
Date of death Mar.	
Cause of death Hemorr  Interment at Kural	Lage Cerebral appleys Cemetary Southbood web 24 1936

For removal from Alatet another in Same lot in Rural cemetary

	5	
No	0)	

This Coupon to be returned immediately, properly endorsed,

City or Town of Southboro, Mass.

Name of deceased Edward Ells worth Chase

If a U. S. War Veteran, specify what war, organization,

etc.

#### **ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Www.alsonthoro

on mar. 22.1986.

Certified by (Signature of Superintendent, cemetery or crematory)

	/
No.	6

This Coupon to be returned immediately, properly endorsed,

City or Town of Sauthoro. Mass.

Name of deceased Edward Ellsworth Chase
If a U. S. War Veteran, specify what war, organization,

etc.

#### **ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Pural Southlers, mass, on Mar, 24,1936.

Certified by Malter M. Charles (Signature of Superintendent, cemeter) or orematory)

If there is no officer in charge, undertaker should sign and return this stub.

Lacond Remile issued maller

Issued to John J Brown
Name of deceased anna Maria Santella
Age 72 years 8 months days
Place of death South boro Mass.
Date of death April 12, 1936
Cause of death Arterio Sclerosis, Chronie myocardita
Interment at Immaculate Conception, Mariboro,
Date permit issued april 13, 1936
Certified by Tchn J. Kelly M.D.

etc.

San

No.		

# BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Dunho or O Tourd of	Teach
(Office issuing permit)	
City or Town of Sauchboso.	3.6
City or Town of	Mass.
$\rho$ $\gamma$ . (	1 - 20
Name of deceased Cruna Maris	antella
If a U.S. War Veteran, specify what war, orga	nization,

#### **ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at these	userlate	Conception	Cometer
81	(Name of cemeter		- 0
on age	il 14, 19	26	
Certified by_	Foleral.	Fletoter.	
	Signature of Superin	ntendent, cemetery or cre	matory)

scer in charge, undertaker should sign and return this stub.

Issued to Thos. 7. Callanan
Name of deceased MYS Mary T. Brock
Age 76 years 5 months 2/ days
Place of death Wood St. Southboro, mass
Date of death June 7, 1936
Cause of death Chronie my ocarditis, Chr. asterio_
Interment at St John's Cemetary, Hopkinton.
Date permit issued June 7, 1936
Certified by Roland S. neurton M.D.

Certified by

No	,

## **BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed, City or Town of Name of deceased If a U. S. War Veteran, specify what war, organization, etc. ENDORSEMENT (To be filled in by cemetery or crematory official) I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

If there is no officer in charge, undertaker should sign and return this stub.

ignature of Superintendent, cemetery or crematory)

	<b>~</b>	
No	(	

Issued to Irving N. Harper.
Name of deceased Eveline M. Morey
Age 72 years 2 months 26 days
Place of death Southboro, Mass,
Date of death Rug. H. 1936
anterios clerosos.
Cause of death rygicardous chronic
coronary vectorous
Interment at Carlham Ston Mass
Interment at Easthampton Maso.
2. A
Date permit issued Aug 5. 1936
Certified by William & Bocke M.D.

No.		

This Coupon to be returned immediately, properly endorsed,

to Board Thealth. (Office issuing permit)
City or Town of Southboro Mass.
Name of deceased Eveline M. Myorey
If a U. S. War Veteran, specify what war, organization,
etc

#### **ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Brooksi	do Cemberel and an	eston
V months of the control of the contr	(Name of cemetery or crematory)	m.
on	ang 6, 1936	
Certified by_	(Signature of Superintendent comptery or crematory	

Issued to Jones T. Ballanan
Name of deceased Francis Liberty
Age 87 years months days
Place of death Southwelf
Date of death 7-36
Cause of death Henral arlerio salivois
Interment at At. Julius Cinelary Phy.  Date permit issued 8-9-36
Date permit issued 5-9-36
Certified by Hugh Falson M.D.

No.		

This Coupon to be returned immediately, properly endorsed,

to Clerky

(Office issuing permit)

City or Town of Suthbort Mass.

Name of deceased Murus Substy

If a U. S. War Veteran, specify what war, organization,

etc.

#### **ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at 8t Salmy Haplantare

on Sug 1999

Certified by Romes Halling

(Signature of Superintendent, cemetery or crematory)

Issued to Umi M. J. ighe.
Name of deceased Johanna B. Maley
Age 69 years months days
Place of death Southborn. muss.
Date of death Linguist - 9. 1936
Cause of death aronary Thromboses 2. Case Toma of Stomach
Interment at Pural Comment
Date permit issued august 10 1436
Certified by M.D. M.D.

No.			

This Coupon to be returned immediately, properly endorsed,

to Board Heavel.

(Office issuing permit)

City or Town of Auchlone. Mass.

Name of deceased the Mass.

If a U./S. War Veteran, specify what war, organization,

etc.

#### **ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Accordance with its terms

at Accordance with its terms

at Accordance with its terms

on Acc

Issued to Flick Kickey an Weeter when
Name of deceased William Kelly.
Age 57 years months days
Place of death Fluit. Muchigan
Date of death June 30. 1936.
Cause of death Coroceary Eurobesius
Interment at Rural Ceccelary or white
Date permit issued & Flink. Muchyan hada lugust 18.1936.
Certified by ? M.D.

Permit granted to Flint Whichigan
BURIAL (OR REMOVAL) PERMIT
This Coupon to be returned immediately, properly endorsed,
to Brash Health
City or Town of Sauthbord Mass.
Name of deceased 71/m . Kelly -
If a U. S. War Veteran, specify what war, organization,
etc
ENDORSEMENT
(To be filled in by cemetery or crematory official)
(To be filled in by cemetery or crematory official)  I hereby certify that the body accompanying this
(To be filled in by cemetery or crematory official)  I hereby certify that the body accompanying this permit was disposed of in accordance with its terms
(To be filled in by cemetery or crematory official)  I hereby certify that the body accompanying this
(To be filled in by cemetery or crematory official)  I hereby certify that the body accompanying this permit was disposed of in accordance with its terms
(To be filled in by cemetery or crematory official)  I hereby certify that the body accompanying this permit was disposed of in accordance with its terms  at
(To be filled in by cemetery or crematory official)  I hereby certify that the body accompanying this permit was disposed of in accordance with its terms
(To be filled in by cemetery or crematory official)  I hereby certify that the body accompanying this permit was disposed of in accordance with its terms  at

No. 73

# **BURIAL (OR REMOVAL) PERMIT**

Issued to F. F. Callahan
Name of deceased Esther M. Mc Collegen
Age 76 years months days
Place of death Southoulle Rd. Cordewille may
Date of death Sept 15/936-930am
Cause of death General Anterios lerous
Interment at It Johns Cemelary
Date permit issued 14/1/936
Certified by Walter & Mahoney D.

	1	
No		

This Coupon to be returned immediately, properly endorsed,

to Bound of Health

(Office issuing permit)

City or Town of School Mass.

Name of deceased Esther M. Mc Colligan

If a U. S. War Veteran, specify what war, organization,

etc.

#### **ENDORSEMENT**

(To be filled in by cemetery or crematory official).

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Standard or in accordance with its terms

at Standard property or crematory)

on Signature of Superintendent, cemetery or crematory)

)	Issued to Cibbs Funeral Service
	Name of deceased H. Louise Sunberg
	Age 57 years 9 months 19 days
	Place of death Wood land Rd Southboro. Mass
	Date of death December 4.36 10 HS pm.
·	Cause of death Hypertonsion - Cerebral Hemonas
	Interment at Rural Cemetary. Journ
	Date permit issued Dec 5,1936.
	Certified by Hugh Folsom M.D.

No.	

This Coupon to be returned immediately, properly endorsed,

City or Town of Southborough Mass.

Name of deceased H. Louise Sunaberg

If a U. S. War Veteran, specify what war, organization,

etc.

#### **ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Accel Country Southbore

(Name of cemetery or crematory)

Certified by M. Oldfull

Signature of Superintendent, cemetery or crematory)

1937.

No.\_\_/

# **BURIAL (OR REMOVAL) PERMIT**

(, , , , , , , , , , , , , , , , , , ,
Issued to A.L. Gerry
Name of deceased Illian a. Andrews
<b>4.</b> - ,
Age /5 years 6 months // days
( 4+ 100
Place of death Southville
1
Date of death Feb 13. 1937
Cause of death appleyy. arterio Schoosis
Interment at Kuraf.
International desired
Date permit issued Feb 14, 1937
Date permit issued / 2007/10/
Certified by Roland S. newton M.D.
Certified by Land N. Mello (on M.D.

at

	h/	
No	7	

### **BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Feact

(Office issuing permit)

City or Town of Stulhbno Mass.

Name of deceased Welliam a Cuchrews

If a U. S. War Veteran, specify what war, organization,

etc.

#### **ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

on February, 16, 1937.

Certified by (Signature of Superintendent, cemetery or of superintendent)

Rural Cemetery, Southboro, Mass.

Issued to Www M. Tight	
Name of deceased Charles Delan	da
Age 75 years months	days
Place of death fayvelle. mas	4
Date of death april 8.1937	
Cause of death Coronary Scle	rases
Interment at Rural emels	ry
Date permit issued Oprice 9. 19	V
Certified by Walter Thahone	
V	

	3
No	

This Coupon to be returned immediately, properly endorsed,	
to Baard of Heaceth	
City or Town of Sauthor Mass.  Name of deceased Charles De Laurd	1
Name of deceased Color Name of deceased Color Name	a
If a U. S. War Veteran, specify what war, organization,	
etc	

#### **ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southborough, Mass.
(Name of cemetery or crematory)

April 10, 1937.

Certified by Hall

(Signature of Superintendent, cemetery or crematory)

No. 2

## **BURIAL (OR REMOVAL) PERMIT**

Issued to Orthur H & when Ty
Name of deceased William 7. Lorman 31 Dennis and Franks
Age 32 years 9 months 13. days
Place of death Wheeker Rd. Southilms
Date of death 7 8 1 13 - 1937
Interment at It Francis Kaver Cemetery  Date permit issued Heb 15, 1937
Interment at It Francis Kaver Cometing
Date permit issued Feb 15, 1937
Certified by Dralton Makoney M.D.

	4	
No.	/	

Issued to Willeam Leghe
Name of deceased Elizabeth Cantello Easter au
Age 75 years / months 3 days
Place of death Fayralle. mass.
Date of death april 30, 1937
Cause of death Sudden (Coronary Sclesses aprice 9 1 h 3) Interment at Russe
Interment at Russe
Date permit issued Copice 30 %
Certified by Dr Walle Muloney M.D.

No.			

This Coupon to be returned immediately, properly endorsed,
to Board of Health
(Office issuing permit)
City or Town of Josephone Mass.
Name of deceased Elecubeth C. Eastware
If a U. S. War Veteran specify what war, organization,
etc.

#### ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)

on May 2, 1937

Certified by

(Signature of Superintendent, complery or crematory)

No.\_\_5

## **BURIAL (OR REMOVAL) PERMIT**

Issued to Summer Guge
Name of deceased Daniel Fales Bigslow
Age 77 years 9 months 24 days
Place of death Ward R.L. Otis Comer Southborn
Date of death May 17, 1937
Cause of death hugo cardules, apa pley y  Aplens Sections:  Interment at Rural
Date permit issued may 18, 1937
Certified by D. W. Smith M.D.

N- 5	
No	

This Coupon to be returned immediately, properly endorsed,

or Town of South Good Mass

of deceased Daniel Fales Bigelow

U. S. War Veteran, specify what war, organization,

#### **ENDORSEMENT**

(To be filled in by cemetery or crematory official)

hereby certify that the body accompanying this nit was disposed of in accordance with its terms

Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)

on May 20, 1937.

Certified by (Signature of Superintendent, centerey of crematory)

	/
No	6

Issued to MO Offense of deceased Would Age 63 years	ya Olenry
Age	months days
Place of death New }	
Date of death Jun 28.	. 1937
Cause of death Coronar	y Thrombosus
Interment at Rural	Ceculary
Date permit issued Wave	*
Certified by M. L. Ha	ward M.D.
Findow .	$n$ . $\bot$ .

	1
No	

Issued to John Cunningham
Name of deceased Tulia Carrigan Cochane
Age 66 years 3 months 28 days
Place of death maple St. Fay ville
Date of death May 30.1937
Cause of death arterio Scherosis; Cerebal Hem
Interment at Rural Countary
Date permit issued May 31. 1937
Certified by DJ Stugh Folsow. M.D.

	7
No	

This Coupon to be returned immediately, properly endorsed,
to Board of Fleacet
1 , 01
City or Town of Youthors Mass.
Name of deceased Julia B. Cochrane
If a U. S. War Veteran, specify what war, organization,
etc
y replaced to the control of the con

#### ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)

Certified by (Signature of Superintendent, Cemetery of Greenatory)

Issued to John J. Brown
Name of deceased Thurles E. Bagley
Age 5 / years 8 months 2 0 days
Place of death Southboro.
Date of death June 20. 1937
Cause of death Curomany Thrombosis  Interment at Runa Countary
Date permit issued June 21, 1939
6
Certified by A Jugh Falson M.D.

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No.	8

# BURIAL (OR REMOVAL) PERMIT This Coupon to be returned immediately, properly endorsed,

City or Town of Southbornsh Mass.

Name of deceased harles & Bagley

If a U. S. War Veteran, specify what war, organization,

etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

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Vo	•

0
Issued to Summer Gage
Name of deceased orang Olders on
Age 70 years 3 months 10 days
Place of death newlon & Southtone
Date of death June 29.1937
Cause of death Caranomatores 3
. \
Interment at Myo cardulus
Interment at Myo-andulis Rusae Cemelary Date permit issued Jame 30. 1937.
Certified by Blever g. Tinkham M.D.
Certified by Comments of the C

	a	
No		,

This Coupon to be returned immediately, properly endorsed,
10 Board of Health
(Office issuing permit)
City or Town of South bor Mass.
Name of deceased to anna Rederson
If a U. S. War Veteran, specify what war, organization,
etc
CORD CORD CORD AND ADDRESS OF THE SECOND CORD CORD CORD CORD CORD CORD CORD COR

#### **ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this

at (Name of cemetery or crematory)

on July 1, 1937.

Certified by\_

(Signature of Superintendent, cemetery or crematory)

Issued to J. a. Coolson Franing have
Name of deceased albert Willard
Age 69 years months days
Place of death Fay ville mass.
Date of death August 10 11937
Cause of death Cerebral hemorrhage, anterio Scherosio.
Interment at Reval Cemelary
Date permit issued Queg 12.1937.
Certified by Roy S. morse. M.D.

Certified by

No	1	0	

# BURIAL (OR REMOVAL) PERMIT This Coupon to be returned immediately, properly endorsed,

Board of Hearth

City or Town of South 6000 Mass.

Name of deceased Cebrol-Willard,

If a U. S. War Veteran, specify what war, organization,

etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Authorse, Mass.

If there is no officer in charge, undertaker should sign and return this stub.

Signature of Superintendent, cemetery or crematory

7.1 - 6.21 4-
Issued to Walter Offutt
Name of deceased Man Rice
Name of deceased / Name of deceased
Age 73 years 6 months 5 days
Place of death Seatele. Washington!
Date of death July 1937
Cause of death Soute Mugo cardetis
Interment at Runal Centulary
Date permit issued language 12.37
//
Certified by Dr. F.M. Carroll M.D. Senttle, wash.
Dentite, wash.

Certified by

No.	No	/1	
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# BURIAL (OR REMOVAL) PERMIT This Coupon to be returned immediately, properly endorsed,

(Office issuing permit)
City or Town of Vaulton Mass.
Name of deceased Ware Rece
If a U. S. War Veteran, specify what war, organization,
etc
ENDORSEMENT
(To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was disposed of in accordance with its terms
at Jural Couthbere Man.
on august 14, 1937

If there is no officer in charge, undertaker should sign and return this stub.

(Signature of Superintendent, cemetery or crematory)

Issued to			a de la companya de l
Age 23 ye	ars	months	_days
Place of death	) man	T. Oklahor	ma
Date of death	lefst 1.	1937	
Cause of death	eactur	ed Skue	4
Interment at	ena e	2	
Date permit issued	Sept	-4, 193,	7
Certified by	rie Coc. Board	Ler - of Health haut. Or	M.D.

BY	1	21		
No	/	0	*	

# BURIAL (OR REMOVAL) PERMIT This Coupon to be returned immediately, properly endorsed,

City or Town of Nouthboro Mass. Name of deceased Harris If a U. S. War Veteran, specify what war, organization, etc. **ENDORSEMENT** (To be filled in by cemetery or crematory official) I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

(Signature of Superintendent, cemetery or crematory)

Issued to Willeam a. Lighe
Name of deceased Chas S. Sebley
Age 74 years months days
Place of death Southville, mass.
Date of death Sept - 13 . 1937
Cause of death arlereoscleroses
Interment at Ever greece Cometary.  Leo muster, mass.  Date permit issued 1 + 14, 1927
Date permit issued Sept 14, 1937
Certified by & Hugh Folsom M.D.

No. 15
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This Coupon to be returned immediately, properly endorsed,

City or Town of Southborough Mass.

Name of deceased Charles S. Sibley

If a U. S. War Veteran, specify what war, organization, etc.

#### **ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Svergraw Cometary Seminster/ Mass.

(Name of centerry or crematory)

on Set 15-1937.

Certified by (Signature of Superintendent, centerry or crematory)

Issued to Sunner Gage
Name of deceased any E. Jayen
Age 49 years 5 months days
Place of death Edgewood R. Southboro
Date of death Oct-1. 1937
Cause of death Caronary Sclesonis
Interment at Rural Secuelary
Date permit issued Oct - 2. 1937
Certified by Walter & Muhoney M.D.

This Coupon to be returned immediately, properly endorsed,

to Standard Security Security

City or Town of South Coro Mass.

Name of deceased Carrey E. Saylor

If a U. S. War Veteran, specify what war, organization,

etc.

#### **ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Certified by Kalter Unification (Signature of Superintendent, cemetery or grematory)

Issued to Welliam m' Light
0
Name of deceased Sarah Crosly Cameron_
Age 3 years 3 months 28 days
Place of death Parkenvelle Rd. Souchwill
Date of death Get 5, 1937
Cause of death Mysecuchitis Chrome
Interment at Greenlown Cometany
Date permit issued 6 1-5-, 1937
Certified by Dr Roland hewton M.D.

No.	1	5

This Coupon to be returned immediately, properly endorsed,

to Board of Hearel
(Office issuing permit)
City or Town of Southborough Mass.
Name of deceased Larah C. Pumeron
If a U. S. War Veteran, specify what war, organization,
etc

#### **ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at	green	lawn Cemetery	
-		(Name of cemetery or crematory)	
ักท	0	d-8 1937	
	and a settlember that the Medition of their physicist phase described with Adultics of	al a ma	
31	tified by_	Thanks + 1 opes	
-		(Clarature of Superintendent comptants or arematery)	

	,	1		
No	_	6	 	_

Issued to Welleam M. Toghe
Name of deceased abbie Lorr Jones
Age 75 years months days
Place of death Southville, mass
Date of death (COR 20 - 1937
Cause of death Pneumonia - Bronchese
Cause of death Incumonia - Bronchese Influenza.  Interment at Rural
Date permit issued Oct - 21. 1937
Certified by Roland Rewolon M.D.

This Coupon to be returned immediately, properly endorsed,

to Bound of Heaver
(Office issuing permit)
City or Town of dauchboso . Mass.
Name of deceased alkee Dorr Jones
If a U. S. War Veteran, specify what war, organization,
etc

#### **ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Name of cemetery or crematory)

Certified by (Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

/	7
No.	<i></i>

Issued to Summer Gage
Name of deceased Helen 5. Metcalf
Age 59 years 4 months days
Place of death Sauchboro . Mass.
Date of death Oct 23.1937
Cause of death Chunic Ulculio Cold secondary anemia Interment at Rouse J.
Interment at Reval J.
Date permit issued Och 25, 1937
Certified by Dr Hugh Folism M.D.

,	~	
No		

This Coupon to be returned immediately, properly endorsed,

to Coase of Health

(Office issuing permit)

City or Town of Southboso Mass

Name of deceased Heleus of Meetral

If a U. S. War Veteran, specify what war, organization, etc.

#### **ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)

on October 26, 1937.

Certified by Walte

(Signature of Superintendent, cemetory or crematory)

Stub to be retained by officer issuing permit

Issued to Sumner Gage

Name of deceased Walter & Mingo
Age years months days
Place of death Main St. Southbord
Date of death Nov 3.1937
Cause of death Weer of
Interment at Met auburn Cambridge
Date permit issued
Certified by M.D.

15	
No/ 0	

# BURIAL (OR REMOVAL) PERMIT This Coupon to be returned immediately, properly endorsed,

City or Town of Southboro Mass.

Name of deceased Walter & Mingo

If a U. S. War Veteran, specify what war, organization, etc.

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

(To be filled in by cemetery or crematory official)

at Mouse (Name of cemetery or crematory)

on Movember (e. 1967)

Certified by (Signature of Superintendent, cemetery or crematory) (1968)

Issued to 777. C. 7	netiff	
Name of deceased of o	and hit	1.081
Name of deceased	my // l	ney
Age_82_years	months	days
Place of death Pleasan		Wille
Date of death Nov &		
Cause of death Corou	ary Scher	osei
Interment at Runa	37/	
Date permit issued /1 or		
Certified by Walter	Mahane	YM.D.

This Coupon to be returned immediately, properly endorsed,

City or Town of Southbarouth Mass.

Name of deceased Locus Mutchell

If a U. S. War Veteran, specify what war, organization,

etc.

#### **ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

on Certified by (Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 20.

# BURIAL (OR REMOVAL) PERMIT

issued to John a Cu	innughau.
Name of deceased	Cochraw.
Age 63 years	months \ \ \ days
Place of death Tae	lle
Date of death Noc. 4	
Cause of death Coronce	
Interment at Reural	
Date permit issued Wec	
Certified by Dv Wal	ter Minimum.D.

Certified by

	20	12		
No.	2	U	•	

# BURIAL (OR REMOVAL) PERMIT This Coupon to be returned immediately, properly endorsed,

to bear

(Office issuing permit)
City or Town of South baro Mass.
Name of deceased ohn B Cochrane
If a U. S. War Veteran, specify what war, organization,
etc
ENDORSEMENT
(To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was disposed of in accordance with its terms
at Rurales etery outhboro
(Name of cametery of crematory)

If there is no officer in charge, undertaker should sign and return this stub.

(Signature of Superintendent, cemetery or crematory)

Issued to J.S. WHTErman. Co. Boslow mass.
Name of deceased William W. Barber
Age 7 2 years months days
Place of death Stutt boro Mass
Date of death Dec. 4. 1987
Cause of death General arteriosderous Coronary Sclerosis Congestive Heart failure
Interment at Rural Cemetary.  Date permit issued Dec. 7. 1934.
Certified by Dr Hugh to Ison M.D.

This Coupon to be returned immediately, properly endorsed,
10 Board of Health
(Office issuing permit)
City or Town of Dull ord, Mass.
(Xa. 1-1)
Name of deceased Survey.
If a U. S. War Veteran, specify what war, organization,
etc.
*
ENDORSEMENT
/ M

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

on Secretary Contributes

(Name of cometery or crematory)

Certified by

(Signature of Superintendent, cometery or crematory)

Certified by\_

## BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed, City or Town of Name Name of deceased If a U. S. War Veteran, specify what war, organization, (To be filled in by cemetery or crematory official) I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

If there is no officer in charge, undertaker should sign and return this stub.

(Signature of Superintendent, cemetery or crematory)

No. 23

# BURIAL (OR REMOVAL) PERMIT

1938

Issued to Will	Eam Y Ha	nored Jigs	he
Name of deceased	Carrel	to agree	ré
Age 67 ye	ars	months	days
Place of death	77		
Date of death	w 18.	1938	
Cause of death	oronan	y Selera	
Interment at			
Date permit issued	^		
Certified by 1	/		
The state of the s			CONTRACT OF STREET OF

	2	0	
No	<u> </u>	7	

This Coupon to be returned immediately, properly endorsed,

to Board I tealth
(Office issuing permit)
City or Town of South barough Mass.
Name of deceased amillo aspesi
If a U. S. War Veteran, specify what war, organization,
etc

#### **ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

on Country Vo. 1938.

Certified by Matter M. C. (Signature of Superintendent, cemetery or crematory)

1908

No. 24

# **BURIAL (OR REMOVAL) PERMIT**

Issued to Min 7 Haved Jighe
Name of deceased Mas Muse & The Donald
Age // years // months days
Place of death Middle Rd Southbard
Date of death face 26 . 1937
Cause of death Corrigo Selevisis
Interment at Muse Considering
Date permit issued face - 1957
Certified by Hack Franci M.D.

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)
City or Town of Sacethbaracogh Mass
Name of deceased Her Many C. Mc Donild
Name of deceased has have
If a U. S. War Veteran, specify what war, organization,
etc

#### **ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

on January 9, 1938,
Certified by Matter (Signature of Superintendent, cemetery or crematory)

1938

No. 4

### **BURIAL (OR REMOVAL) PERMIT**

Issued to F. a. Cokson
Issued to V- Communication
Name of deceased Kathern Mullen
Age 71 years - months - days
Place of death Fayrille
Date of death Capril 8. 1938
Cause of death arteriosclerosis with
Paralisis agitoru. artiriosclirotie Interment at Puroncho Preminoria
Date permit issued Cyril 9. 1938
Certified by Hugh Folson M.D.
1

this Coupon to be returned immediately, properly endorsed,
10 Board ) Fralth
Office issuing permit)
City or Town of Joutho Mass.
1/20
Name of deceased Kutheren Muller
If a U. S. War Veteran, specify what war, organization,
etc
-

### **ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at	nural	Uem	etery,	South	poro,	Mass
		(Name	of cemetery	or crematory)		
on	April	17,	1938.		21	
Certi	fied by	Wal	eter!	4.0	)////	11.
		(Signatur	e of Superinte	endent, cemete	ry or crema	atory)

1938

No. L.

## **BURIAL (OR REMOVAL) PERMIT**

Issued to Summer Jage - Hurlboro Man
Name of deceased augelist Newton
Age 87 years months 13 days
Place of death Coultief St- four rille
Date of death March 21.1938
Cause of death Cause
Interment at Majelina ( Warlbors
Date permit issued War 22 - 13
Certified by Reland Simuton, M.D.

R-309-50m-12-'34. No. 2940

1938

No.\_\_\_5

### **BURIAL (OR REMOVAL) PERMIT**

Issued to L. Brooks Sarille.
Issued to L. Brooks Sarille.  arlington.  Name of deceased Richard Francis Burns
Age 81 years months 12 days
Place of death Southboro, Wass.
Date of death Gpril 11, 1938
Cause of death Coronary Thrombosis
Interment at Hale St., Com. Bererley.
Date permit issued April 11, 1938
Certified by Hram H. ameral M.D.

This Coupon to be returned immediately, properly endorsed,

City or Town of Southborough Mass.

Name of deceased Robard Francis Burners

If a U. S. War Veteran, specify what war, organization, etc.

#### **ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Central
(Name of cemetery or crematory)

on April 13 1938

Certified by George A Appleton, Sur
(Signature of Superintendent, cemetery or crematory)

1938

No.\_\_6

## **BURIAL (OR REMOVAL) PERMIT**

Issued to I. F. Callanan & Son
~ ~
Name of deceased & wil & Harrington
Age 6 9 years months days
Place of death Southville
Date of death Cypril 9, 1938
Cause of death Cerebral Hemoreda us  Senarl arterio Celrosis  Interment at Rural Essetary
Interment at Rural Essectary
Date permit issued Copril 11.1938
Certified by Dr Walter F. Mahoney M.D.

	1
No.	6

This Coupon to be returned immediately, properly endorsed,
to Board of Halth
(Ontac issuing permit)
City or Town of Forthboro Mass.
Name of deceased Daniel F. Harrington
If a U. S. War Veteran, specify what war, organization,
etc

#### **ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.

(Name of cemetery or crematory)

on April 12, 1938.

Certified by Salte (Signature of Superintendent, cemetery or crematory)

1938

### **BURIAL (OR REMOVAL) PERMIT**

D 4000.
Issued to Arauk & Shiles
Name of deceased John Willock
Age 76 years 8 months O days
Place of death Southboro
Date of death Oper 29, 938
Cause of death Coronary Scherosis
Interment at Pural Ceux Soultebors
Date permit issued Opr 30,
Certified by Valle & Malioney M.D.

7
No.

#### **ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southborn
on May 1, 1938
Certified by Walter M. Other

nature of Superintendent, cemetery or orematory)

$\Omega$
Issued to John J. Brown
Name of deceased Catherine E. Mellrath
Age 66 years / months 29 days
Place of death Marlboro, Hospital
Date of death May 13, 1938
Cause of death General Ateroselvosis  Faralupis agitorus  Interment at mmaculate Conception Marlboro
Interment at Dommachate Conception Marlboro
Date permit issued May 15, 1938
Certified by Dr Hugh Folsom M.D.

	P
No	0

# BURIAL (OR REMOVAL) PERMIT This Coupon to be returned immediately, properly endorsed,

10 Board of Health	
(Office Issuing permit)	
	ass.
Name of deceased Catherine Elizabeth Mc Yra	th
If a U. S. War Veteran, specify what war, organizat	ion,
etc.	
0001	
	-
ENDORSEMENT	
(To be filled in by cemetery or crematory official)	
I hereby certify that the body accompanying permit was disposed of in accordance with its terms	this
at Immaculate Conception Cemetry, Wa	ulto
(Name of cemetary or crematory)	

If there is no officer in charge, undertaker should sign and return this stub.

Certified by Sheet Teleber (Signature of Superintendent, cemetery or crematory)

may 16, 1934.

R-309—50m-12-'34. No. 2940

1 93 8

No. 9

## **BURIAL (OR REMOVAL) PERMIT**

111:0. 211 0.0
Issued to William M. Tighe
Name of deceased Eliza a. (Fay) Bacon
Age 95 years months days
Place of death Southboro Mass
Date of death June 9.1938
Cause of death arterio Schronic
Interment at Rural Cemitary
Date permit issued June 10 1938
Certified by Dr Roland & Mertin. D.

	G	
No		9

This Coupon to be returned immediately, properly endorsed,
to (3 vad of Health
City or Town of Foulthon Mass.  Name of deceased Eliza a (fay) Bacon
If a U. S. War Veteran, specify what war, organization, etc.
ENDODGEMENT

#### ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

on Certified by Signature of Superintendent, Septemberry)

1938 No. 10

### **BURIAL (OR REMOVAL) PERMIT**

Issued to William M. Tighe
Name of deceased Thomas C. Monahan
Age 15 years 9 months days
Place of death Southborough Mass
Date of death June 14, 1938
Cause of death Asplayating by accidental drouging drouging Mulber
Interment at musevlate Conception Marlbor
Date permit issued June 15. 1938
Certified by Dr Walter Mahrung M.D.

R-30950m-12-'34,	No. 2940	8	No	11	andyroniglade y 1864 v 1880 1870 yr
BURIAL	OR R	EMOY	VAL) P	ERMI	T
of ashe	V	<i>(</i> )			Section
Issued to Si	imne	r 6.	Day	ge	and a supplemental
Name of deceas	ed Watt	terd	Tordon	me	ngo
Age '7/	_years	7	months	13	_days
Place of death_			A	- 0	
Date of death_	Novem	iber.	3, 1937	Cres on M	nated
Cause of death					
Interment at	/				tia
Date permit iss	ned Jus	123	3, 1938	7	

M.D.

Certified by\_

Certified by.

No.			

## BURIAL (OR REMOVAL) PERMIT This Coupon to be returned immediately, properly endorsed,

to (Office issuing permit)	7
City or Town of Southbors	Mass. U.S
Name of deceased Walter & Mine	75
If a U. S. War Veteran, specify what war, organiz	cation,
etc	Andrew Control of the Anna of the Control of the Co
ENDORSEMENT	*-
(To be filled in by cemetery or crematory official)	
I hereby certify that the body accompanying permit was disposed of in accordance with its terms	
at Greenfuld Juceno Co	ns
on July 2 nd 1938	

If there is no officer in charge, undertaker should sign and return this stub.

(Signature of Superintendent, cemetery or crematory)

R-309—50m-12-'34. No. 2940

No. 12

## BURIAL (OR REMOVAL) PERMIT

Issued to Summer C. Gage
Issued to Victoria
Name of deceased James applitu Thayer fr
Age 14 years 3 months 13 days
Place of death Wilson Point Norwalk Conn.
Date of death July 5. 1938
Cause of death Asphylia chre to strangulate Caused by life ging Interment at Pair al Camitary
Interment at Varial Cametary
Date permit issued July 8. 1938
Certified by W. H. Mc Mahy, M.D. Med Eyan M.D.
X a. T. VIMELIER TIME

No. 12	
E. T. S. S. Albert Special Communication of the Com	

This Coupon to be returned immediately, properly endorsed,

to Brand of Health

(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Tamus Applitat Thanks well as U. S. War Veteran, specify what war, organization, etc.

### **ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Emetery Southbaro
(Name of cemetery or rematory)
on July 8, 1938,
Certified by M. Offit
(Signature of Superintendent, cemetery or crematory)

1938

No. 14

### **BURIAL (OR REMOVAL) PERMIT**

Issued to Cantirman & Hughron Inc. Uf
Name of deceased Leage H. Barber
Age 43 years 4 months 29 days
Place of death N. J. State Hospital
Date of death lug 4.1938
Cause of death alcoholic circhosis of lines. acute
Cause of death alcoholic circhosis of liver. acute himorrhagic Gastocutenties 2 hoday to their
Date permit issued Cary 6 1938
Certified by Joseph Donovan M.D.

	,	1/	
No	_	7	

## BURIAL (OR REMOVAL) PERMIT This Coupon to be returned immediately, properly endorsed,

City or Town of Mass.

Name of deceased Mass.

Name of deceased Mass.

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this

at Pure (Name of cometery of creshatory)

on Old 6, 988

Certified by (Signature of Superintendent, comeyery of crematory)

permit was disposed of in accordance with its terms

No. 13

## BURIAL (OR REMOVAL) PERMIT

0 00
Issued to Summer C. Gage
Name of deceased Herbert B. Howard
Age 1 years // months 22 days
Place of death Southborn
Date of death August 4. 1938
Cause of death Corebral himoralage (Pagets)
Interment at Kural Cemitary
Date permit issued Gug 6 1938
Certified by Dr Shur (Marlow) M.D.

	2	
No	0	

## BURIAL (OR REMOVAL) PERMIT This Coupon to be returned immediately, properly endorsed,

(Office issuing permit)
City or Town of Mass.
Name of deceased Hubert B. Howard
If a U. S. War Veteran, specify what war, organization,
etc
54.
ENDORSEMENT
(To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was disposed of in accordance with its terms
at Rural Enteret Southbro Way
(Name of cemetery or crematory)

(Signature of Superintendent, cemeters of crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1938 No. 15

## **BURIAL (OR REMOVAL) PERMIT**

Issued to J. F. Callanan & Low
Name of deceased Lawrence D. Line
Age 75 years — months — days
Place of death Southboro
Date of death Sept 10. 1938
,
Cause of death Suddy death presumebly Coronory Sclerolis Interment at Pural Cemetary
Date permit issued Syst // 1938
Certified by Watter & Mahoney M.D.

No.	3

This Coupon to be returned immediately, properly endorsed,

03	- TINTIN	
	(Office issuing permit)	
City or Town of	BOUTHBORD	Mass.
Name of deceased_	Lawrence D. F.	inu
If a U. S. War Vet	ceran, specify what war,	organization,
etc		

### **ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

on September 13, 1938.

Certified by

If there is no officer in charge, undertaker should sign and return this stub.

cemetery or crematory)

(Signature of Superintend

Certified by\_

1938 No. 16

M.D.

### **BURIAL (OR REMOVAL) PERMIT**

4 I I
Issued to Jung Huggston
Name of deceased harner Bland
Age 5 8 years months days
Place of death Stock holm Iveren
Date of death Carly 6.1938  Cause of death Cardiac Arlero Scherorer
Cause of death Cardiac Arlero Scherozer
Interment at Brush Cornetary
Date permit issued Dib 10 1938

,	/
No	6

This Coupon to be returned immediately, properly endorsed,

(Office issuing permit)
City or Town of SOUTHBORO Mass.
Name of deceased Marrier Cona
If a U.S. War Veteran, specify what war, organization,
etc. age, 59 yrs. 4 mo. 27 hayo
MALE AND PRINCIPLE SEMENT
(To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was disposed of in accordance with its terms
at Rural Gemetery, Southbors
on October 13.1938.
Certified by (Signature of Superintendent, cemetery or crematory)

1938 No. 17

### **BURIAL (OR REMOVAL) PERMIT**

Issued to F. A. Cookson
Name of deceased Lames D. Bruce
Age 7/ years — months — days
Place of death Southville
Date of death Oct 30, 1938
Cause of death Permicions Augmia
Interment at Edgell Asime
Date permit issued Nov. 1. 1938
Certified by W. Hans M.D.

This Coupon to be returned immediately, properly endorsed,

to Board Of Health
(Office issuing permit)
City or Town of Southboro Mass.
Name of deceased James D. Bruce
If a U. S. War Veteran, specify what war, organization,
etc

### **ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at	vor Masko	& Xraminghan
	(Mame of cemetery or cre	ematory)
on	P1 . S. CON	36
GIL	Book with the second se	A

Certified by O. Q. Hales

(Signature of Superintendent, cemetery or crematory)

1938

### **BURIAL (OR REMOVAL) PERMIT**

	,	8
No		0

This Co	upon to be	returned	limme	diately,	prop	erly ende	orsed,		
to	Boar	d	01	Ne	cal	the			
		(Office is:	suing I	ermit)					
City or Tow	n of	804	the	ibar	0		1	Mass.	
	(	911		1	2	0.			
Name of dec	ceased	MI	My	- 0		VII	1.810	el	
If a U. S. V	Von Wate	******	nadit	v who	+ **	704 04	manima	tion	
11 a 0. S. v	vai vete	nan, s	pecu	y wile	at w	ai, oi	gamza	tion,	
etc									
0001									
		-							
	173	ADOI	DEE	TA HE'S	JT			300	
		ADO	WOL.	TARRET	MA				
(1	o be filled	in by ce	metery	or crem	natory	official)			
7 1 1	, . c	11 -1	41	1 1				41.1	
1 hereby	certify	tnat	tne	pody	acc	compa	nving	this	

on Jovember 16, 1988

Certified by Olbert E. Boyns, Carelahu
(Signature of Superintendent, centery or crematory)

permit was disposed of in accordance with its terms

1938 No. 19

## **BURIAL (OR REMOVAL) PERMIT**

$\bigcap$ $\bigcap$ $\bigcap$ $\bigcap$
Issued to John J. Brown
Name of deceased apolonia Minuce
Age 82 years 10 months days
Place of death Fayville
Date of death 200 17, 1438
Cause of death Che Myocarditis
Interment at Paral Cemetary
Date permit issued Nov. 19 1938
Certified by Watter F. Wahry M.D.

this Coupon to be retained initionizerly, properly endorsely,
10 Board Of Heatth
(Office issuing permit)
City or Town of Anulumb Mass.
Name of deceased Opolorus Minnuel
If a U. S. War Veteran, specify what war, organization,
etc
VVV

### **ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

November 20, 1938.

Certified by (Signature of Superintendent, cometery or crematory)

1938 No. 20

### **BURIAL (OR REMOVAL) PERMIT**

Issued to Froze A. Wadsworth
Name of deceased Joseph Masterson
Age \$3 years # months 28 days
Place of death Condwille Good, Southboro
Date of death November 22, 1938
Cause of death Myocardins chronic
Interment at Edgell From Transingham
Date permit issued Mariba 24, 1938
Certified by Roland Newton M.D.

9.	
No. 40	

This Coupon to be returned immediately, properly endorsed,  to Coffice issuing permit)	
City or Town of Southbro Mass  Name of deceased Joseph Masterson	g
If a U. S. War Veteran, specify what war, organization etc.	3
ENDORSEMENT (To be filled in by cemetery or crematory official)	

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Ed	all Grove &
	(Name of cemetery or crematory)
on M	8891.25.0a
Certified by.	E. a. Hales
(Signature of Superintendent, cemetery or crematory)	

1938

No.\_21

## BURIAL (OR REMOVAL) PERMIT

Issued to M.E. Me Niff Name of deceased audrei Mitchell
Name of deceased audrei Mitchelf
Age #3 years months days
Place of death Fayville
Date of death Dec 24 1938
Cause of death Rheumatic heart disease
Interment at Rural Cemetary
Date permit issued Du 25-1938
Certified by Theo W. Poiries M.D.

	91
No	21

This Coupon to be returned immediately, properly endorsed,
to B and Of Health
City or Town of Southboro Mass.
Name of deceased Mulliu Mullium
If a U. S. War Veteran, specify what war, organization,
etc.
N.

### **ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at	Southboro,	Mass.	(Rural	Cemetery)		
	(N:	ame of cemeter	y or crematory)			
022	December 2	6. 1938	3.	,		
OH TO ALL THE						
Certified by						
(Signature of Superintendent, cemetery or crematory)						

	2	9		
No.	1	1		
2101	-	-	and the same	and the same of

1
Issued to Suniner Gayc.
Name of deceased January J. Why &
Name of deceased Taucah J. Whife
Age 8 years / months 3 days
Place of death Lewton St Southboro.
Date of death Alec. 26 . 1937
Cause of death The carditis
Interment at Rural
Date permit issued Llec 28, 1938
Certified by Dr Roland heuten M.D.

1939

No.

# **BURIAL (OR REMOVAL) PERMIT**

Issued to John @ Rowe
Issued to Xoun Vowe
Name of deceased William J. Boland
Age 75 years 4 months 3 days
Place of death Southboro
Date of death Jan. 3. 1939
Cause of death arterio Salinsin Myoradit
Interment at Poural Century
Date permit issued Jan 5 4939
W. 0 0 0
Certified by William J. Delany M.D.

No	

This Coupon to be returned immediately, properly endorsed,

to Board Of Yearth

(Office issuing perult)

City or Town of Mass.

Name of deceased Welleam Boland

If a U. S. War Veteran, specify what war, organization,

etc.

#### **ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Southboro, Mass. Rural Cemetery.
(Name of cemetery or crematory)

on January 7, 1939.

Certified by (Signature of Superintendent Ceptetery or crematory)

Issued to B. S. Gastman
Name of deceased Ellen Freeman Gay
Age 73 years 8 months 14 days
Place of death Wolf Hill Farm
Date of death 20, 1539
Cause of death Cerebral Hemorrhage
Interment at Mt. auburn bem, Cambridge
Date permit issued Jan. 21, 1939
Certified by Hugh Folson M.D.

2	
No	normakij.

This Coupon to be returned immediately, properly endorsed,

to Band Office issuing primit)

City or Town of Southbox Mass.

Name of deceased Ellen Freeman Gay

If a U. S. War Veteran, specify what war, organization,

etc.

#### **ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at M	La auturn Cemeters
on las	(Name of cemetery or crematory) §
Certified by.	J. F. Peterson
	(Signature of Superintendent, cemetery or crematory)

Issued to Short + Williamson
Name of deceased William R. Brownell
Age 77 years months 6 days
Place of death South on Mass
Date of death January 27 1939
Cause of death Broncho pnewmonia
Interment at Rural Cemetary
Date permit issued Francisco 28.1939
Certified by Hugh Folsom. M.D.

	ec.
No	7

This Coupon to be returned immediately, properly endorsed,

City or Town of South Mass.

Name of deceased William T. Brownell

If a U. S. War Veteran, specify what war, organization,

etc.

#### **ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at_	Rural Cemetery, Southboro, Mass.
	(Name of cemetery or crematory)
	January 29, 1939.
on_	1 met / 1
Cer	tified by Walter 4 1/11/1.
	(Signature of Superintendent, cemetery or crematory)

	MA
No	7

A D. A. Am M
Issued to Sumner & Sage, Marlbor
Name of deceased Gertrude L. Bigelow
Age 68 years 11 months 1 days
Place of death Oak Hill Road
Date of death Feb. 8, 1939
Cause of death Ourcinoma right breast
Moodlawn laemetery Interment at Attleboro, Maso.
Date permit issued Feb. 9, 1939
Certified by Carlton Crosby M.D.

No. 5

# **BURIAL (OR REMOVAL) PERMIT**

Issued to J. F. Callanan & Son's	
Name of deceased John Haley	
7/	_days
Place of death Southborn	
Date of death Deb. 10, 1939	
Cause of death Corongry Scleros	ie
Interment at Hopkinton, Mis	Zes
Date permit issued Feb. 11, 1939	
Certified by Walter F. Mahoney	M.D.
Westboro, mass	

5	
No.	

This Coupon to be returned immediately, properly endorsed,

to Board Of Health
(Office issuing permit)
City or Town of Southborn Mass.
Name of deceased John Huly
If a U. S. War Veteran, specify what war, organization,
etc,

#### **ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at	8	8 Sa	hns	D	ahk	mla
010		Mame of co	l 8	crematory	89	
Certi	ified by_	Lar	nes	1201	Buy	

Signature of Superintendent, cemetery or crematory)

	/
No	6
410	A second section of the

Issued to Vernon E. Marrill
Issued to Comon C. Marco
Name of deceased Harry Onthank
Age 79 years 10 months 23 days
Place of death ward, RV
Date of death March 4, 1739
Cause of death Bronchopneumonia  Sen. arbrockelerois  Interment at Rural Com Southboro
Gen. arbrokelerous
Interment at Kural Com Southboro
Date permit issued March 7, 1939
Certified by Raysen P Crank M.D.

	1
No	6

This Coupon to be returned immediately, properly endorsed,

to Board Of Health (Office in Juing permit)	
City or Town of Southborn	Mass.
Name of deceased Harry Onthank	
If a U. S. War Veteran, specify what war, organi	zation,
etc	

#### **ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at	RURAL	CEMETERY,	Southborough,	Mas
	and the second s	(Name of cemet	ery or crematory)	
on_	March	76 7939		
<b>C</b>		The M	W Hith	7
Cer	tified by_	(Signature of Super	rimendent, of metery or cremate	ory)

1	
No.	

()
Issued to Alessein Ledon
Name of deceased Cella C. Landry
Age 76 years 8 months 18 days
1 00 0-101
Place of death Mars Il Sauthbaro
Date of death March 21/939
Relections ad sarama
Date of death March 21/939 Reliculus aft sarama Granie Brucho Pressmania
Interment at Nashua M. No
Date permit issued Morch 22, 1939
Certified by De. David D. Sker M.D.
VI.D.

	9
No	

This Coupon to be returned immediately, properly endorsed,

to Board Of Heattle
City or Town of Southbow Mass.
Name of deceased Taly C. Cutting
If a U. S. War Veteran, specify what war, organization,
etc

#### **ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Edgell	gro	ne Vra	miny	han
O(Name o	f cemetery	or crematory)		3
on aprel	1.	193	9	
	8 0	- 60.	0.0	
Certified by	B. M	1 40	NU	

(Signature of Superintendent, cemetery or crematory)

	V	
No.	0	

Issued to Jumner C. Jage
Name of deceased Sarah G. Hapgood
Age 78 years 7 months 15 days
Place of death Cak Hill Road
Date of death April 3, 1939
Cause of death Pormicing a amount of
Interment at Hudson, Mass,
Date permit issued April 4, 1939
Certified by Chiron M. Smith M.D.
Marlboro, Mass.

	G
No	

Issued to Summer C. Hage
Name of deceased Ruby a. Cutting
Age 94 years 5 months 4 days
Place of death Southboro
Date of death April 4, 1939
Cause of death General Arterio Scherosis
Interment at Edgell Groveramingham
Date permit issued april 6, 1939
Certified by Charles L. Cutter Jr. M.D.

1-	
No	Ting.

Issued to Watter Collins
Name of deceased Ida T. Newton
Age 86 years 8 months 13 days
Place of death Mobile, Orchard ala.
Date of death Mn. 8. 1939
Cause of death Hypertimine heart disease
Interment at Rural Cemetry
Date permit issued 20 1939
Certified by a.M. Cowcley M.D.

No.	-	0	

# BURIAL (OR REMOVAL) PERMIT This Coupon to be returned immediately, properly endorsed,

City or Town of Mass Name of deceased If a U. S. War Veteran, specify what war, organization, etc. ENDORSEMENT (To be filled in by cemetery or crematory official) I hereby certify that the body accompanying this permit was disposed of in accordance with its terms (Name of cemetery or erematory) Certified by (Signature of Superintendent, cemetery

ż

Permit Issued by

For County Use

## CERTIFICATE OF DEATH

STATE OF ALABAMA—BUREAU OF VITAL STATISTICS STATE BOARD OF HEALTH

File No. for State Registrar Only.

	1. PLACE OF DEATH	Reg. Dis- trict No. cate No.		
	County Mobile Beat			
		No. Street		
	R.F.D. / (If death occurred in	No. Street a hospital or institution, give its NAME instead of street and number)		
	1a. PLACE OF RESIDENCE: State Alabama Leng	th of residence where death occurred 86yrs. 8 mos. 12 days		
	(Usual place of abode) County MODILE Bea	and the second s		
	City or Town Orchard, Ala.			
	R.F.D.	Street		
	2. FULL NAME Ida J Newton			
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
	3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month, day, and year) NOV. 81, 1938		
	Female White Pivorced (write the word)  5a. If married, widowed, or divorced	22. I HEREBY CERTIFY, That I attended deceased from		
		Oct. 24 1, 19 38 to Nov. 8 , 19 38		
	(or) WIFE of Henry Newton & South Loro	I last saw ler alive on Nov. 7 , 19.38, death is said		
	6. DATE OF BIRTH (month, day, and year) 70 26 185 7. AGE Years   Months   Days   If LESS than			
	1 dayhrs.	CAUSES of importance in order of onset were as Condition		
	86 8 18	Yrs. Mo. Da.		
	8. Trade, profession, or particular	Paralysis 7		
	kind of work done, as spinner, Domestic	11/00/10/19/19/19/19/19/19/19/19/19/19/19/19/19/		
te.	9. Industry or business in which			
Ica	work was done, as silk mill, saw mill, bank, etc.			
tit.	10. Date deceased last worked at this occupation (month and spent in this	CONTRIBUTORY CAUSES of importance NOT RE- LATED to principal cause:		
cer	year) occupation	Urmentensive heart disease		
Of	12. BIRTHPLACE (city or town) Southborough Mass.	Hypertensive heart disease 2		
K	(State or country)	1. ARTHUR TO BE AND THE PROPERTY OF THE PROPER		
pa	13. NAME Ira Fales	Was an operation performed? NO Date of		
n	Tr. XI of deep	For what disease or injury?		
SI	14. BIRTHPLACE (city or town)	What test confirmed diagnosis Clenional there an autopsy?		
101	15. MAIDEN NAME Adeline King	23. If death was due to external causes (VIOLENCE) fill in also the following:		
ncı	Adeline king	Accident, suicide, or homicide? Date of injury?, 19		
Str	16. BIRTHPLACE (city or town)	Where did injury occur?		
2	(State or country)	(Specify city or town, county, and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC		
see	17. INFORMANT Mrs. J.N. Leonard ala.	PLACE		
. 18. BURIAL, CREMATION, OR REMOVAL   Manner of injury		Manner of injury		
ınt.	Place Macon, Georgia Date Nov. 9, 1938	Nature of injury		
rts		24. Was disease or injury in any way related to occupation of deceased?		
bdu	19. UNDERTAKER LIDGINS HOTTHATY No.	If so, specify D		
E I	(Address)	(Signed) MM Cowden , M. D.		
	Filed, 193	19 (Address) Crecitor		
	Registrar	(Audress)		

Date of Issue.

	11
No	

Issued to Robert Bile
Name of deceased Cuttis R. Kright
Age 5/ years - months days
Place of death Southborn Mass
Date of death July 15, 1939
Cause of death R.A. Thing Myreaudial Interment at Walnut Hill Brothline
Interment at Walnut Hill Brothline
Date permit issued July 18, 1939
Certified by Patterson R. Crosby M.D.

	11
No	//

This Coupon to be returned immediately, properly endorsed,

BOARD OF HEALTH	
(Office issuing permit)	
City or Town of SOUTHBORD	_Mass.
Name of deceased Purtis R. Knight	
If a U. S. War Veteran, specify what war, organic	zation,
etc	
Section Control of Con	
ENDORSEMENT	

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at W	about Hells
Ct V	(Name of cemetery or crematory)
on	July 17 1939
Certified by_	Ho Fisher
Octomed by	(Signature of Superintendent, cemetery of crematory)

Issued to Summer C. Gage
Name of deceased Minifeed & Walke
Age 39 years 0 months 12 days
Place of death Careeroma of George
Date of death July 18- 39
Cause of death Cureinoma of
Interment at Parcel Com. Soul Com.
Date permit issued feely 18-37
Certified by Thornan buddy M.D.

No.	 2

This Coupon to be returned immediately, properly endorsed,

DOARD OF MEALTH	
(Office issuing permit)	
City or Town of SOUTEBORY Mass.	2
Name of deceased Vinifice 6. Walks	2
f a U. S. War Veteran, specify what war, organization,	
etc	
ENTROPICES AFRICA	

#### **ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Cural Quality Southbose

(Name of cometery or crematory)

Certified by Kaltus
(Signature of Superintendent, cemetery or crematory)

Issued to Termone 6. Gage
Name of deceased Charles & Richardson
Age 67 years // months /9 days
Place of death framingham of Executibor
Date of death July 17-39
Cause of death Ocehal Thrombos
Interment at Forestdale Run. Malden
Date permit issued July 18-39
Certified by Chyde W. Merrich.D.

	1	2	
No.	-	0	

This Coupon to be returned immediately, properly endorsed,

to BOA	ARD OF HEALTH	
	(Office issuing permit)	annuality our annual distribution and \$ 10.0
City or Town of_	SOUTHERE	Mass.
Name of deceased	Charles & &	Sahardson
	71 (	
If a U. S. War Vo	eteran, specify what wa	ar, organization,
etc		

#### **ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at	FOREST DALE REMETERY
C Company of the Comp	(Name of cemetery or crematory)
on	July 19-1939
	Ledis S. Gaild Dis.
Certified by	(Signature of Superintendent, cemetery or crematory)

	111	
No	17	

Issued to Walter Offut	<i>t</i>
Name of deceased	
Ageyearsmonth	sdays
Place of death	and the state of t
Date of death	
Cause of death	
Interment at	
Date permit issued Sept 19. 1	1939
Certified by	M.D.

	i	6
No		1

This Coupon to be returned immediately, properly endorsed,

to	
(Office issuing permit)	
City or Town of SOUTHBORO	_Mass.
Name of deceased Transacte Colle	-
Name of deceased Vanerede Colle	lle_
If a U. S. War Veteran, specify what war, organi	zation,
-4-	
etc.	

#### **ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Security Southbard

on September 20, 1939.

Certified by Salter 10.

(Signature of Superintendent, cemetery or creptatory)



#### OFFICE OF

# THE CEMETERY COMMISSIONERS SOUTHBOROUGH, MASSACHUSETTS

September 19, 1939

Board of Health, Southboro, Mass.

Gentlemen:

Attn. - Mr. Telfer.

Will you please issue a permit to disinter remove and reinter the remains of Trancrede Collette, from the Grave now occupied to a new location in the cemetery.

We have received authorization for this transfer from the legal custodian of the body.

Very truly yours,

The Cemetery Commissioners,

Walter M. Offutt, Supt.

Issued to John J. Brown Name of deceased Cro Faulkner Cole
Age 66 years — months days
Place of death Southville Muss.  Date of death Oct. 13. 1939
Cause of death Cerepal Hemorrhage attraction Silvers
Date permit issued Oct. 14. 1939
Certified by W. J. Colman M.D.

. 1	
No.	

This Coupon to be returned immediately, properly endorsed,

to B	OARD	OF	HEAL	HTL		
	(Office	e issuin	g permit)		liere enverenden für mendelskreitelsche in	
City or Town o	f SO	UTE	BORC	)		Mass.
Name of deceas	ed Cr	u J	Fault	Ener	Cole	-
If a U. S. War	Veteran	, spe	cify wh	nat war	, organia	zation,
etc				10		
	финанска					
	HT D.THD.	OW 6	SECTION AND	D.THE		-

#### ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at RURAL CEMETERY, Son	ithboro, Mass.
(Name of cometery o	r crematory)
on October 18, 1939.	
Certified Walter (Signature of Superinter	ndent, cemetery of otematory

11	
No. 16	

Issued to Eugene J. Mc Carthy
Name of deceased Agnes Deceased
Age 39 years 2 months — days
Place of death Southborn Mass.
Date of death Oct 14, 1939
Cause of death Coronary Selvosis
Interment at Stogosyphs. West Rabory
Date permit issued 6ct/6. 1939
Certified by Watter F Mukony M.D.

	11	
No	16	

This Coupon to be returned immediately, properly endorsed,	
BOARD OF HEALTH	
(Office issuing permit)	
City or Town of SOUTHBORO Mass	i.
Name of deceased agus Dunner	
If a U. S. War Veteran, specify what war, organization	9
etc	-04
3	
ENDORSEMENT	
(To be filled in by cemetery or crematory official)	
I hereby certify that the body accompanying this permit was disposed of in accordance with its terms	S
at James M. Driscoll, Supt	
on OCT 17 1939 ST. JOSEPH CEMETE	
Certified by(Signature of Superintendent, cemetery or crematory)	t

1	9
No.	/

$\sim$ $\rho$ $\rho$
Issued to Summer D. Stage
Name of deceased Hazel Marie Kiles
Age 12 years 0 months 9 days
Place of death Marlboro Rd. Southboro
Date of death October 31, 1939
Cause of death Cause of death (Chumbar) Sulto accides
Interment at Rural Cemetery
Date permit issued Nov. 1, 1999
Cartified by M.D.

This Coupon to be returned immediately, properly endorsed,

BOARD OF HEALTH

	(Office issuing permit)	Marie Control of Marie Control
City or Town of_	SOUTHBORO	Mass.
Name of deceased	Hagel Marie	or organization
n a o. o. war v	cocian, specify what w	ar, organization,
etc		

#### **ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

on November 2, 1939.

Certified by Saltta (Signature of Superintendent, cemetery)

Issued to Summer C. Gage
Name of deceased Walter E. Morse
Age 60 years 9 months 10 days
Place of death Mair St., Southboro
Date of death Nov. 1, 1939
Cause of death Coronary Scherosis.
Interment at Rocklawn Cemetary, Marila
Date permit issued Nov. 3, 1939
Certified by M.D.

,	0
No	0

This Coupon to be returned immediately, properly endorsed,

BOARD OF HHALTH	
(Office issuing permit)	
City or Town of SOUTHBORO	Mass.
Name of deceased Walter E Morse	2
If a U. S. War Veteran, specify what war, organi	zation,
etc	
ENDORSEMENT	Tuk.

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rocklaun Cemeter
(Name of cemetery or crematory)
on November 4, 1939
15:00 1 15:00 %
Certified by
(Signature of Superintendent, cemetery or crematory)

No.\_\_\_\_19

# **BURIAL (OR REMOVAL) PERMIT**

Issued to Summer C. Gage
Name of deceased Addre Belle (Nott) Henderson
Age 78 years 2 months 12 days
Place of death Hammond St, Cordaville
Date of death Nov. 14, 1939
Cause of death Apopleyy Cerabral
Interment at Roval Cemetary Southbor
Date permit issued Nov. 14, 1939
Certified by Roland S. Newton M.D.

etc ...

No.			

#### BURIAL (OR REMOVAL) PERMIT

This Conpon to be returned immediately, properly endorsed,

Southboro Board of Health
(Office issuing permit)

City or Town of Southborough Mass.

Name of deceased Addie Belle (Nutt) Henderson

If a U. S. War Veteran, specify what war, organization,

# ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southborough, Mass.
(Name of cometery or crematory)

on November 16, 1939.

Certified by (Signature of Superintendent, cemeratory)



Issued to William M. Tighe
Issued to William M. Tighe Name of deceased adelpt Edwin Collin
Age 79 years / months /2 days
Place of death Central & Fayviele
Date of death December 8. 1939
Cause of death Brownia- prewnonia
Interment at Rural Cerutary
Date permit issued Dec 9. 1939
Certified by Roland S. Newton M.D.

	20	
No	20	

This Coupon to be returned immediately, properly endorsed,

to Board of Halthe

(Office isgning permit)

City or Town of Southfor Mass.

Name of deceased adulbert Edwin Collins

If a U. S. War Veteran, specify what war, organization,

etc.

#### **ENDORSEMENT**

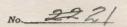
(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at RURAL CEMETERY, Southborough, Mass.
(Name of cemetery or crematory)

on Wew December 10, 1939.

Certified by (Signature of Superintendent, cometery, or crematory)



Issued to Cl. U. Folsom & Lon
Name of deceased Paula (Suhl) Sundh
Age 76 years 5 months / days
Place of death Southborn Mass
Date of death Dec 18 1939
Cause of death Hypertening Heart Disease
Interment at Forest Hiero Boston
Date permit issued Dec 11. 1939
Certified by Hugh Folson M.D.

This Coupon to be returned immediately, properly endorsed,

to Board, of Health	
(Office issuing permit)	
City or Town of Southborn	Mass.
Name of deceased Paula (Dahl) Sur	dhe
If a U. S. War Veteran, specify what war, organiz	zation,
etc.	
600.	
Commission of the Commission o	

#### **ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at FOREST HILLS CEMETERY
(Name of cemetery or crematory)

on DEC 12 1939

Certified by.

Henry S. Colours

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

H

Issued to William M Tight
Name of deceased James a. Harris
Age 46 years months days
Place of death Southfor
Date of death Pec 25 1939
Cause of death Coronomy Sclerosis
Interment at Rural Cemetary
Date permit issued Dec 39
Certified by Walter Mahoney M.D.

No. 22

#### BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Braid of Health	
(Office issuing permit)	
City or Town of Southboro	Mass.
Name of deceased James a. Har	ris
	Marie Ma
If a U. S. War Veteran, specify what war, organi	zation,
etc. Nova	

#### **ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at RURAL CEMETERY, Southboro, Mass.

(Name of cemetery or crematory)

December 27, 1939,

on

Certified by

(Signature of Superintendent, cometery or crematory)